Image# 13941129646			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category of Detailed Summary	dule(s) of the	FOR LINE NUMBER: PAGE 32 OF 35 (check only one) 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) Rob Bishop for Congress			
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			Date of Disbursement
Mailing Address 320 FIRST STREET SE			06 28 2013
City State WASHINGTON DC	Zip Code 20003		Amount of Each Disbursement this Period
Purpose of Disbursement contribution Candidate Name			3000.00 Transaction ID : SB21.6445
Office Sought: House Disbursement Fo	or:	Category/ Type	
State: District:	y General (specify)		
Full Name (Last, First, Middle Initial) Ogden Rescue Mission Mailing Address 2775 Wall Ave			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Odden UT	Zip Code 84401		Amount of Each Disbursement this Period
Ogden UT 84401 Purpose of Disbursement Contribution to Veterans Charity Event			250.00 Transaction ID : SB21.6410
Candidate Name Category/ Type			Transaction ib . 3621.0410
Office Sought: House Senate President State: Disbursement For Disburs			
Full Name (Last, First, Middle Initial)			
C			Date of Disbursement
Mailing Address			
City State Zip Code			Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name Category			,.,
Type			
Office Sought: House Disbursement For Senate Primar			

Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

President

District:

State:

3250.00

3250.00